

AUS920010820US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTERIn re Application of:
Michael Wayne Brown, et al.

§ Group Art Unit: 2655

MAY 13 2005

Serial No.: 10/015,265

§ Examiner: Rivero, Minerva

Filed: December 12, 2001

§ Atty Docket No.: AUS920010820US1

Title: Destination Device Initiated
Caller IdentificationMail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 703-372-9305 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:

May 13, 2005
 Date

 Catherine Berglund

RESPONSE TO OFFICE ACTION DATED FEBRUARY 17, 2005

Dear Sir:

05/20/2005 HJONES2 0000001 050447 10015265 This is a Response to the Office Action dated February 17, 2005 (hereafter "the Office Action"). Claims 1-40 are in the case. The Office Action objected to the specification because serial numbers for related applications were missing. Applicants have amended the specification accordingly. The Office Action further objected to claims 6, 17, and 28 for reciting "a origin device" because "a origin device" is also recited in parent claims 1, 12, and 23. Applicants have amended claims 6, 17, and 28 to recite "said origin device" accordingly. Applicants acknowledge with thanks the telephone conference with Examiner Rivero on March 21, 2005. In accordance with that telephone conference, Applicants present the following amendment and remarks demonstrating that the case is in condition for allowance.

01 FC:1202 100.00 00 00
 02 FC:1201

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

11015265

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	40
FOR	NUMBER FILED
TOTAL CHARGEABLE CLAIMS	40 minus 20 = 20
INDEPENDENT CLAIMS	6 minus 3 = 3
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 42	Minus	** 40 = 2
Independent	* 8	Minus	** 6 = 2	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	370.00	OR BASIC FEE	740.00
X\$ 9=		OR X\$18=	360.00
X42=		OR X84=	252.00
+140=		OR +280=	0
TOTAL		OR TOTAL	1252.00

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	100
X42=		X84=	400
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE	*	OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.